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ORIGINAL DEPARTMENT.

Communications.

DIPHTHERIA.

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[Continued from page 229 of Vol. IX.]

Treatment.

There is probably no disease in the treatment of which a greater variety of remedies has been proposed than in that of diphtheria.

Tracing back its history to the most remote periods, from which date our first accounts of the disease, we can find no uniformity among, and but little to encourage us in the views of the earlier physicians on its treatment. The time is still fresh in our recollection (for many years have not yet passed) when many practitioners were accustomed to regard it as a sthenic disease, requiring for its cure, in almost every instance, depressants, counter irritation, evacuants, and not unfrequently even bloodletting. Mercury, in some form or other, had a goodly number of advocates, and by such, no matter in what form the disease presented, this remedy was extensively used in and considered alike applicable to every case. There were others again who regarded local applications as the treatment *par excellence*, and these were accustomed to rely, almost exclusively, upon the application to the fauces of nitrate of silver, the mineral acids, etc.

During the last few years, however, since the experience of the profession with the disease has become more enlarged, and their acquaintance with its true nature more extended, the principles of treatment have been established upon a more rational basis; and, although there are still differences of opinion in regard to minor points on this subject, upon its main features there is now a very general unanimity. That we may justly claim a great improvement upon the means of cure formerly resorted to in the management of diphtheria, no reasonable mind will, for a moment, dispute.

This is abundantly confirmed by the experience of every one who has taken the pains to keep

pace with the advance in medical science, and who will compare the results of former treatment with the results of the therapeutics of the present day.

It must still, however, be borne in mind, that there has, as yet, been discovered no specific antidote to the poison of this disease, and notwithstanding the alleged success which some writers claim to have had from this or that particular remedy, the proportion of deaths from it, when it occurs in a malignant form, will, even under our improved plans of treatment, be such as to very soon cool the ardor of him who trusts confidently in vaunted specifics or relies implicitly on the assertions of those who, under their favorite mode of treatment, "have never lost a case." In comparing the great success of some practitioners, as occasionally published in the medical periodicals of the day, with the entire failure of others of no less eminence and ability in the management of diphtheria, the inquiry naturally arises—Whence this great disparity in the results of treatment? Its solution, no doubt, is to be found in this—that the former were favored with a peculiarly mild form of the disease, whilst the latter may have had to do with cases of more than usual malignancy. That a certain proportion of deaths will occur in malignant cases under even the most skillful management, no one can truthfully deny; while, on the other hand, the statement is equally true, that a very large proportion of the same cases will recover under timely and appropriate treatment.

In judging of the efficacy of any therapeutic means resorted to in the cure of diphtheria, it is important to recollect that in this, as in many other diseases, there is every conceivable grade of severity, and whilst some cases will end in recovery with little or no treatment, there are others which, in spite of all the remedies with which we are at present acquainted, will run on rapidly to a fatal termination. During the epidemic prevalence of diphtheria there is a third class of cases of intermediate severity which most usually comes under the notice of the physicians. These cases, if left to themselves or badly treated, will generally die, and it is in this form of the disease that the importance of timely and judicious interference becomes apparent. If there are any points which

deserve especially to be impressed upon the mind of the physician, they are as follows: *In diphtheria he has a specific disease, one in which there is a poison to be eliminated from the blood and in which death, unless accidentally caused by mechanical obstructions to the respiration by the extension of the exudation to the larynx, usually results from asthenia.*

So well are these facts beginning to be recognized among the observing portion of the profession, that the number of those willing to risk depletory or depressing means in its treatment, is now exceedingly small. That it is essentially an asthenic disease, and requires from its inception, or very soon thereafter, a sustaining course seems, at the present day, to be clearly established.

The main objects, therefore, to be kept steadily in view are, to support the system during the progress of the disease, and conduct the patient safely to its termination. These are best accomplished by the early and persistent use of nourishing and easily digestible food, by the administration of tonics and stimulants, and especially by the observance of those *hygienic regulations* which conduce to cleanliness of person and surroundings and a proper attention to ventilation.

Hygienic Management.—This we consider of primary importance in the cure of all bad cases of the disease. It must have fallen to the lot of every practitioner who has had the requisite experience, to observe how favorably diphtheria may be modified by the observance of strict hygienic rules alone, and often before any other remedial means have been brought into play. The occasions are not infrequent when the physician is called upon to contend with this disease occurring in the abode of filth and misery—the home of a family poor in every thing save in the number of its constituents. Here he witnesses generally the epidemic in its malignant form, and under conditions very adverse to successful treatment. The first few cases are rapidly fatal; not so much so perhaps for the want of medical skill or treatment as on account of the disease attacking those in whom there exists great depression of the vital forces and a peculiar state of the system engendered by the circumstances in which the most destitute of our race are obliged to live. To add to the severity of a malady already sufficiently grave, from causes just enumerated, the erroneous impression exists among the ignorant that in sickness every avenue to the approach of light and air must be carefully avoided. A number are huddled together in a small, unventilated apartment, which must answer for all the purposes of cooking, eating and sleeping for a numerous household. The consequence is, an atmosphere is generated which will, no matter how slowly, still surely,

undermine the health of even the most robust constitution, and make its possessor doubly susceptible to any epidemic influence that may be prevailing. What wonder that the mortality of any disease should be frightful under the circumstances? The air, poisoned by the emanations from their own bodies, but aggravates ten-fold the depression consequent upon unwholesome and insufficient food, and renders the subject of the disease an easy prey to the fell destroyer. The system, when invaded by sickness, under such conditions, is found to possess but little reactive power, and if the causes, which originally gave rise to this state, are permitted to continue in operation, no surprise need be excited at the fruitlessness of all efforts on the part of nature or art in the cure of the disease. The patient is dead almost before any attempt at the elimination of the diphtheritic poison has been made, and without proper precaution, every inmate of the infected dwelling must speedily follow in his wake. These are the cases in which the skill of the physician is most sorely tried. He may, perhaps, be too late in enforcing the observance of ventilation, cleanliness, appropriate nourishment, and segregation of cases for those already fairly within the grasp of the disease, but the effect of such advice tells powerfully upon those subsequently taken ill of it. We have frequently seen reports in which entire families are said to have died, one after another, in rapid succession, from the ravages of diphtheria, and have had the misfortune on several occasions to lose two of a family, where the surroundings were such as greatly to depress the vital powers. Yet, whenever the necessary hygienic regulations were properly observed from the beginning, the cases subsequently attacked exhibited a much greater amount of reactive power, showing an increased effort on the part of nature in the elimination of the poison from the blood, and affording more time to bring into play the therapeutic means necessary to assist nature. That the malignancy of the disease, in instances such as those just referred to, is, in a very great part, due to the enfeebled condition of the constitution, arising from neglect of proper hygienic rules, we have no doubt whatever. The epidemic influence is intensified by local causes, such as previously referred to, and in consequence of which an atmosphere is generated, which cannot but exercise a most injurious influence upon those living within its sphere. Acting from such convictions, our first endeavor on such occasions has been to remove everything that may in the least interfere with the restoration of the vital forces to their highest condition of healthful activity. This being accomplished, we have then reasonable hopes of our ability to do good by the administration of medicines.

Therapeutic Treatment.

In the administration of medicines in diphtheria, our first aim should be to select, if possible, such remedies as are capable of neutralizing the poison of the disease, and of assisting nature in its elimination. No precise formula can be given for the treatment of all cases, for, as in other diseases, so in this, there may be little uniformity in the cases presenting, and so great a difference in the indications of remedies, that in its management the practitioner must, to a great extent, be guided by general principles. The prudent attendant will, therefore, depend much upon his own judgment as to the means used to conduct it to a favorable issue; and, although he may have learned to rely upon a certain course of treatment, applicable to a majority of cases, his main object must be to combat symptoms as they arise in each individual case of the disease. In that form, in which from the beginning constitutional symptoms predominate, there is every variety of grade, ranging from a small and circumscribed yellowish exudation on one or both tonsils, surrounded by a bright red condition of the remaining portion of the gland, to an ashy-grey coating over a part or the whole of the tonsils, uvula and pharynx, accompanied with gangrenous sloughing of one or all the parts, and much external swelling. The former and milder form, (although the sequelæ sometimes occur even in the mildest cases,) is self-limited, and if occurring in a tolerably healthy constitution, and under favorable hygienic conditions, will generally end in recovery without any medication; the latter and gangrenous form, although much influenced, and often promptly arrested by judicious interference, is sometimes totally unmanageable under any form of treatment.

In the milder form of diphtheria, in which the pulse, though considerably quickened, is open and full, and the exudation mostly confined to the tonsils, and of a *bright buff color*, we have found nothing more necessary than a mild purge, followed by chlorate of potash, in from five to ten grain doses, every three hours. Marked relief follows in from twenty-four to forty-eight hours after the first administration of the salt, and recovery is thereby much hastened, so that in several days the patient may be discharged. In the severer type of the disease, in which the exudation is more dull or ashy, the surrounding borders livid, the breath foul, and a greater tendency to sloughing, we add to each dose of the chlorate of potash from five to twenty drops of the tincture chloride of iron. In addition to this, and at the same time of administration, we always give quinine in from one to three grain doses, and in a bad case, especially where there is much frequency and feebleness of the pulse, we would by no means be willing to

relinquish this remedy. In cases having a gangrenous tendency especially, we are disposed to look for signal benefit from the use of quinine; and, since we have used it freely, in conjunction with the above named remedies, we have seen recoveries brought about in cases which our former experience would have warranted us in pronouncing hopeless. In these cases, too, the regular and systematic administration of nourishment and stimulants becomes absolutely indispensable. When these cannot be given by the mouth on account of difficulty, or impossibility of deglutition, they must be given by injection frequently, and in such quantities as can be easily retained by the bowel.

These, with the exception of some local treatment, to which we shall presently refer, are the means upon which we are accustomed to rely in the description of cases above given; and, although we do not contend that a cure will invariably follow, we confidently expect recovery in cases of great malignancy, provided we see the patient early, and our directions are fully complied with.

In that class of cases in which the disease invades the larynx, threatening death by suffocation, or when, as occasionally happens, it originates in this locality, the prospects, under any circumstances, are extremely unfavorable. Always anticipating this condition of things, we have, for a long time, been in the habit of prescribing chlorate of potash as a preventive.

Our experience with this remedy in various affections of the mucous membranes, as well as in the form of the disease under consideration, extends back over a period of now nearly ten years, during which time we have had abundant evidence of its anti-diphtheritic influence, and we are firmly convinced that its virtues are, even at this day, not sufficiently appreciated by the profession. When, however, croupal symptoms have become fully established, our chief reliance has been in sulphate of copper given to the production of free emesis, and at such intervals as the urgency of the dyspnoea may seem to require—with this, or in the intervals between the emetic, we give calomel in small and frequently repeated doses, while at the same time the system is properly supported by appropriate nourishment and stimulants. Until we had adopted this plan, now about two years ago, we were in the habit in these cases of giving invariably an unfavorable prognosis. *We had never seen a case recover.*

With the sulphate of copper and mercurial treatment we have, since we first adopted it, seen a number of recoveries from this hitherto hopeless condition; and in some other cases, in which the same means were resorted to, although the laryngeal complication was overcome, the patients died

subsequently from the asthenia, so invariably a part of this disease.

[To be continued.]

SARRACENIA PURPUREA

In the Treatment of Variola, with Cases and Remarks.

By A. N. McDOWELL, M. D., U. S. A.,
Of Ironton, Mo.

Symptoms of Variola.

The patient complains of severe pain in the limbs and lumbar region; when the eruption appears the pain is relieved, and the patient will often remark that he is well. There is soreness of the fauces. If you examine you will find the eruption appearing in the throat and more advanced than upon the skin. These are diagnostic marks; you see them in every case. If you have diarrhoea in the outset of the disease, the prognosis is very unfavorable.

Is it a sthenic or asthenic disease? As I have seen it, and as it occurs in our army hospitals, it most certainly belongs to the latter class, and calls for tonic and stimulating treatment.

Prognosis.

What is the prognosis? If the disease be recognized at first, and properly treated and nursed, not to have the patient put off in a pest house, without fresh air and perfect ventilation, and seldom, if ever, prescribed for, and then by a physician looking in at the window; but prescribed for and attended to as in any other disease, the prognosis is not unfavorable. A physician who neglects a small small-pox patient is a disgrace to the profession.

Out of sixty-two cases treated by me, many of them very malignant cases, I have only lost three.

Treatment.

My cases are all treated as if the disease were of an asthenic type, using stimulants freely; give the patients lager beer, ad libitum; it is generally very cooling and grateful, and relished well by the patients, and when taken with a relish they all lived; also, whiskey freely, in milk-punch, but I prefer beer if it can be obtained.

Diet to consist of eggs and milk. The only medicine used was the sarracenia purpurea. It was prepared according to the following formula: (I used the leaves as I could not get the root;) one and a half ounces of leaves to one quart of boiling water, boiled down to one and a half pints, and administered, one wineglassful every six hours.

The first case in which this remedy was used, the patient was unprotected by vaccination, and had been several months at this hospital acting as a nurse. He was taken with violent symptoms, sharp

pain in the chest, great difficulty of breathing; in fact the symptoms were more those of pleuritis. When the eruption appeared, and we determined to use the infusion of sarracenia, assuming that if its exhibition in this case was successful, it might be a useful remedy. Our prejudices were against the remedy, but it soon proved its efficacy; the eruption came out well, but instead of proceeding to suppuration, as usual, it began to dry up; the swelling was much diminished, because there was much less irritation, and the secondary fever much milder and of short duration; in fact, all the symptoms were greatly mitigated, and in a short time, instead of scabbing off with the usual fever and great irritation, the scales peeled off like bran. An old nurse in attendance remarked, "Why, doctor, what is the matter with this patient, he acts altogether different from other small-pox patients; he is scaling off, and every day when I make his bed I find about two handfuls of scales like bran!" We watched the case closely and were delighted, in fact we were satisfied of the triumph of the remedy.

Will it prevent pitting? Let the medicine speak for itself. Two females were ordered into our hospital by the post commander, both sick with small-pox; one had been sick for two weeks, to this one I gave no sarracenia; the other was in the second day of the eruption; neither had ever been vaccinated. To the latter I administered the sarracenia with the same effect as in the case first described. The one who took none of the infusion was pitted fearfully, in fact, was scarred; the skin of the other was smooth, and in a short time every vestige of variola disappeared. Let me compare those who took no sarracenia with those who did, and mark the difference. Having had some cases under treatment before I obtained the remedy—severe cases of variola confluenta—there was great swelling, much irritation and suppuration, and prolonged suffering, with great puffiness of the hands and face. On the contrary, those treated with the infusion of sarracenia, had no suppuration, the irritative fever was very slight, and the long and tedious stage of scabbing was passed over by the quick process of scaling.

Surely a remedy that will so hasten, alleviate, and mitigate the sufferings of patients, and prevent such terrible disfigurement should not be laid aside.

Of the three who died, two left camp on a drunken spree, and having a quantity of whiskey and fearing to return to camp with it, they determined to finish their debauch, and took refuge in a deserted shanty in which a female had died the day before of confluent small-pox. They laid down upon her bed in the midst of the filth and there remained drunk for two days and nights; neither

had been vaccinated, and both had variola maligna. From the time of their admission into hospital both had bloody diarrhoea, nausea, and refused every thing, even their favorite beverage, whiskey.

In the forty-three cases treated at the small-pox ward of this hospital, the infusion of sarracenia was given in nearly every case, and what I have seen of the efficacy of the remedy, of which I have given you a truthful statement, I am convinced that the sarracenia purpurea is a most useful remedy in the treatment of variola.

EDITORIAL DEPARTMENT.

Periscope.

Remarkable Arrest of Cancerous Disease by Operation.

At a late meeting of the New York Pathological Society, Dr. CONANT referred to a remarkable instance of arrest of cancerous disease by operation, which had occurred twenty years ago, in the practice of Dr. MUSSEY. The disease first made its appearance in the thumb, and that member was amputated; recurring in the stump, the hand was amputated; and continuing to return, the fore-arm, arm and shoulder were successively removed; and last of all it was found necessary by Dr. CROSBY, who then had charge of the case, to remove the scapula and clavicle. The disease never returned after this last operation, and the subject of this series of operations is now perfectly well.—*Boston Med. and Surg. Journal.*

Ovariotomy—A Complicated Case.

The London correspondent of the *Dublin Medical Press* says :

"I was present last week at an operation at King's College Hospital, which is of great interest to the ovariomists, and which is exciting some interest, where an ovarian tumor was removed by Mr. HENRY SMITH, and where the most formidable difficulties were not only met with, but overcome. The tumor, which was of several years growth, and was of a semi-solid nature, was found, when the abdomen was opened, to be firmly adherent on all sides. Almost the entire of its anterior surface was firmly attached both to the omentum and the abdominal wall, and when these adhesions were torn away, and the tumor was exposed, it was found that it was still very firmly attached, both posteriorly and laterally, to the intestines and mesentery; consequently, the greatest care was necessary in separating them, so as to avoid wounding the intestines. This was effected, however, and the entire mass was removed after a prolonged and most difficult series of manœuvres, and perhaps no case has yet occurred where so many difficulties were met with and overcome, as existed in Mr. SMITH's patient. It was supposed by most persons who witnessed the operation, that the patient could not survive many hours, but it appears she has rallied from the shock, and the last tidings I heard of her, on the seventh day after the operation, was that she was doing well."

A New Method of Auto-Ophthalmoscopy.

M. GIRAUD TEULON lately submitted to the Academy of Medicine of Paris an instrument composed of two plane mirrors, inclined one upon the other, at

angles of ninety-six degrees. The objective lens of the ophthalmoscope is placed before one of the mirrors, and before the other an ordinary ophthalmoscopic mirror. The left eye is then put in contact with the left mirror and the lens, the right eye with the ophthalmoscope or the mirror of the right side. A lamp is now placed on the right, as in ordinary exploration, and the auto-examination of the right eye is then very easy. M. GIRAUD TEULON has used the instrument upon himself with great success.—*Dublin Med. Press.*

Treatment of Ringworm.

Dr. ALEXANDER LANE, R. N., writing from Nova Scotia, to the *Dublin Medical Press* gives the following as his method of treating ringworm :

For the cure of ringworm, I take two drachms of pure iodine, and rub down with it in one ounce and a half of spirits of wine as much of the pure hydroiodate of potash as will dissolve it. I paint the parts affected with this by means of a camel-hair pencil every two hours until the parts become quite black, extending the application one-quarter of an inch over the edge of the parts affected, and at each application you will have to rub it over half a dozen times or more. This takes off the skin in large flakes, as the case may be. I continue the application until I have a perfectly new skin formed. I have never known it fail when properly used and proper attention paid. The parts should be excluded from the atmosphere by means of adhesive plaster.

Permanganate of Potash as a Disinfectant.

Dr. PLOSS speaks in the highest terms of the disinfecting power of this substance. It effectually removes all smell from the most stinking suppurating sores and discharges. Most remarkable results of this kind have followed its injection, repeated several times a day, in cases of cancer of the uterus—half a drachm to eight ounces of distilled water being a good proportion. In the case of open wounds and ulcers, all the dressings covering them should be moistened with the solution. No means succeeds more rapidly than this in removing the disagreeable smell of the hands after the performance of autopsies, for which purpose a stronger solution (3 ss ad 5 j.) may be employed. It is far superior to chlorine in its effects, which are not, as is the case with that substance, fugitive. For this reason it is a superior prophylactic, applied to the hands of accoucheurs, to chlorine in puerperal fever. In ozena it is strongly to be recommended, the solution (3 ss ad 5 vili.) being introduced into the nares by means of a caoutchouc syphon. Its bad smells of the mouth, resulting from carious teeth, it is an admirable means, a little cotton wool being moistened in a weak solution. Finally, the permanganate is to be recommended as a wash for stinking feet. This remedy deeply stains linen it comes in contact with, but the spots may be removed by means of the sulphate of iron.—*Am. Druggist Circular from Varges' Zeitschrift, N. S., vol. i., p. 187.*

We observe that Surgeon-General HAMMOND has added the Permanganate of Potash to the Medical Supply Table of the U. S. Army, and recommends its use in a special order as a disinfectant and deodorizer.

Garibaldi's Wound.

Dr. OCCHIPINTI states that the wound in Garibaldi's foot is completely cicatrised; and that the General now takes horse-exercise. He expects that in two months, Garibaldi will be able to get about without crutches.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 5, 1863.

THE NEW PHARMACOPEIA.*

There are certainly hundreds, probably thousands of physicians in this country who have never seen the Pharmacopœia, some probably do not even know what the term means; so we may be pardoned for occupying some space with a sketch, partly historical, partly descriptive, and partly critical of this truly national work, especially of the new edition just issued.

One of the first necessities of men in any professional or other associated labor, is to provide for established and recognized standards of practice. Especially in the progress of medicine was this want early felt. The introduction of remedies frequently of empirical origin, the constituents of which were carefully concealed; the prevalence of crude methods of medication not sanctioned by reason or experience, and the ignorance of *materia medica* so generally prevalent even among those making pretensions to medical skill, early called for the publication of some authoritative exposition of the remedies constituting the *arcana* of the profession.

From this want originated Pharmacopœias, first issued by colleges and learned bodies, couched in the language of science, and designed for the select few who, in early days, were distinctively denominated the learned. These, in their occasional revision exhibit one important phase of the gradual advancement of medicine, from a crude and empirical art to its present advanced condition as a humane and liberal science.

The Pharmacopœias of Europe, and especially those of the three colleges of London, Edinburgh, and Dublin, were in use in the United States until the year 1820, when an effort, originating in the New York State Medical Society, and combining the several medical organizations, culminated in the first edition of the United States Pharmacopœia. This work has been subjected to revision every

ten years since its original issue; Pharmacopœial Conventions having been held successively in Washington in 1830, 1840, 1850 and 1860, at each of which the general features of the work were submitted to discussion, and the revision and publication intrusted to a committee. The late committee, under the chairmanship of Dr. FRANKLIN BACHE, of this city, has, like its predecessors, held its meetings in Philadelphia, and here issued the work.

The general features of former Pharmacopœias will not be so interesting to the reader as those of the edition just issued, and we therefore proceed to give an idea of the arrangement and structure of the work as at present constituted. The primary division is into the *list* of *materia medica* and *preparations*. In the list are enumerated the leading drugs used in medicine, of mineral, vegetable and animal origin. The object of this is to give the correct name of each of these, a matter of very great importance in view of the numerous and indefinite synonyms used in common language; also, to define the properties by which they may be severally identified, and the sources, botanical, etc., from which they are derived. The list does not include all the crude medicines in use, but such of them as the authors of the work consider as of such permanent reputation as to justify their being made *officinal*—this term having a technical application to medicines authorized by the Pharmacopœia. There are two lists, primary and secondary, the latter designed to include some drugs, chiefly indigenous to our own country, which are, as it were, on trial and liable to be promoted into a full officinal position in the course of future revisions. It is also a convenient place to drop some “obsolescent” remedies, such as cow-hage, pellitory, simaruba bark, and tormentil, which, having fallen into disuse, are still worthy to be kept in respectful remembrance. Among the medicines now for the first time found in the primary list, are arnica flowers, which we doubt not are now as extensively employed in the form of tincture as any other external remedy; chiretta, a popular tonic, resembling quassia, in therapeutic applications; ignatia, the poisonous seed of strychnos St. Ignatia, from which is prepared the extract so much employed as a powerful tonic

* This article was written by Mr. EDWARD PARRISH, a distinguished pharmacist of this city, and it seemed to possess so much interest and importance that we insert it as an editorial.

in dyspeptic affections; matico, the styptic; magnache, a choice aromatic resin; vanilla, the popular flavoring agent; leptandra, a favorite indigenous alterative; pepo, the brief name given to pumpkin seed, and other less important vegetable remedies.

Among the mineral substances introduced, we notice phosphorus and phosphoric acid; carbonate of lithia, the new antilithic, and chromic acid, which possesses the properties of a caustic without the danger of spreading on to the adjacent parts. Numerous other drugs are introduced into the list on account of their uses in making the *preparations*.

To this class the present revision has added the following new remedies:

Acetum Lobelliae.	Extractum Hyoscyami Fluidum.
Acetum Sanguinariae.	
Acidum Hydrodicum Dilutum.	Extractum Ignatiae Alcoholicum.
Acidum Nitromuriaticum Dilutum.	Extractum Ipecacuanhae Fluidum.
Acidum Phosphoricum Dilutum.	Extractum Lupulinæ Fluidum.
Acidum Sulphurosum.	Extractum Pruni Virginiana Fluidum.
Acidum Valerianicum.	Extractum Sarsaparillæ Fluidum (<i>simple fluid extract</i>).
Aether Fortior.	Extractum Senegæ Alcoholicum.
Aloe Purificata.	Extractum Spigeliae Fluidum.
Aluminis Sulphas.	Extractum Stramonii Alcoholicum.
Ammonis Valerianas.	Extractum Serpentariae Fluidum.
Antimonii Oxidum.	Extractum Taraxaci Fluidum.
Antimonii Oxy sulphureum.	Extractum Uva Ursi Fluidum.
Aqua Aurantii Florum.	Extractum Zingiberis Fluidum.
Aqua Chlorini.	Ferri Chloridum.
Aqua Creasoti.	Ferri et Ammoniæ Citras.
Atropia.	Ferri et Ammoniæ Tartras.
Atropiz Sulphas.	Ferri et Quinina Citras.
Bismathi Subcarbonas.	Ferri Lactas.
Cadimi Sulphas.	Ferri Pyrophosphas.
Calcis Phosphas Præcipitata.	Ferri Sulphas Exsiccata.
Ceratum Extracti Cantharidis.	Infusum Juniperi.
Cinchonæ Sulphas.	Infusum Pareiræ.
Collodium cum Cantharide.	Infusum Pictæ Liquidae.
Emplastrum Antimonii.	Infusum Salviae.
Emplastrum Arnice.	Linimentum Chloroformi.
Emplastrum Picis Canadensis.	Liquor Ferri Citratis.
Extractum Aruncæ Alcoholicum.	Liquor Ferri Subsulphatis.
Extractum Buchu Fluidum.	Liquor Ferri Tersulphatis.
Extractum Cannabis Purificatum.	Liquor Gutta-percheæ.
Extractum Cimicifugæ Fluidum.	Liquor Hydrargyri Nitratis.
Extractum Clochonæ Fluidum.	Liquor Soda.
Extractum Colchici Radicis Fluidum.	
Extractum Colchici Seminis Fluidum.	
Extractum Colocynthidis Alcoholium.	
Extractum Conii Fluidum.	
Extractum Digitalis Alcoholicum.	
Extractum Dulcamarae Fluidum.	
Extractum Ergotæ Fluidum.	
Extractum Gentianæ Fluidum.	

Mel Soda Boratis.	Spiritus Chloroformi.
Mistura Chloroformi.	Spiritus Cianamomi.
Oleoresina Capsici.	Spiritus Limonis.
Oleoresina Lupulinæ.	Strychnia Salphas.
Oleoresina Zingiberis.	Syrupus Aurantii Florum.
Oleum Erigerontis Canadensis.	Syrupus Lactucarii.
Pilulae Aloës et Mastiches.	Syrupus Rosæ Gallicæ.
Pilulae Antimonii Compositæ.	Syrupus Rubi.
Pulveres Effervescentes.	Tinctura Arnicae.
Pulveres Effervescentes Aperiientes.	Tinctura Cannabis.
Pulvis Rhei Compositus.	Tinctura Opii Deodorata.
Quinia Valerianas.	Tinctura Veratri Viridis.
Resina Jalapæ.	Trochisci Cubebæ.
Resina Podophylli.	Trochisci Ferri Subcarbonatis.
Resina Scammoniæ.	Trochisci Zingiberis.
Santoninum.	Unguentum Acidii Tannaci.
Soda Valerianas.	Unguentum Benzolii.
Spiritus Anisi.	Unguentum Veratris.
	Zinci Valerianas.

We insert this list because it shows to those familiar with the previous editions of the national standard, the progress made during the past ten years, which has induced the highly conservative Committee of Revision and Publication to add so large a number of valuable preparations to those previously official, (a few old preparations are dismissed from this edition,) and because it serves to show the drift of modern pharmacy toward more scientific and, in a general way, more concentrated medicines. Our space will not allow of extended comments upon these formulæ. We congratulate the profession upon the introduction of twenty-one fluid extracts, though we feel tempted to demur at the selection of conium, hyoscyamus, and veratrum viride, for this form of preparation. Of the two first we have tinctures of appropriate strength given in doses of thirty or forty drops, while of the last the tincture is so strong as to require a dose seldom exceeding ten drops. These fluid extracts will, it appears to us, be too strong to be convenient, and we see no reason for adopting them which would not apply to other remedies of the same class. The peculiar adaptations of the form of fluid extracts are to remedies, the doses of which are comparatively large, such as cinchona, gentian, serpentaria, valerian, uva ursi, buchu, senna, ergot, taraxacum and dulcamara; and the fluid extracts of these and similar drugs greatly aid the physician in prescribing. Fluid extract of rhubarb, of ipecacuanha, and of spigelia come in play in the preparation of the weaker official preparations of the same drugs, though the plan of purchasing fluid extracts exclusively, as pursued

by some physicians, and from these preparing all the corresponding infusions, syrups, tinctures, etc., is far from realizing the most perfect results. The great utility and convenience of fluid extracts consists in the dose being in each case a measured equivalent of the weighed dose of the drug; so that a drug of which the dose is a drachm would be given in the form of fluid extract in a fluid drachm or teaspoonful dose, the dose of the drug being ten grains, that of the fluid extract will be ten minims, or drops.

Among the additions the reader will notice no less than eleven new preparations of iron. Of these none has more interest or value than *liquor ferri subsulphatis*, MONSELL's solution. The physician should not fail to adhere to this officinal name, by which it is distinguished from solution of tersulphate, made officinal for the extemporaneous preparation of the hydrated oxide, the antidote for arsenic. Iron by hydrogen, formerly called *ferri pulvis*, is now to be designated as *ferrum redactum*. We notice with pleasure that *ferri pyrophosphas* is made officinal, this is the most tasteless of the soluble iron salts, the least disposed to blacken by contact with astringents, and withal the least liable to disagree with delicate and sensitive stomachs.

It will be unexpected to many to notice that *tinctura veratri veridis* is now for the first time found in the Pharmacopeia, it is a strong preparation, designed to be given in a dose of from five to ten grains. *Tinctura opii deodorata* is designed to supersede the various elixirs of opium in use; it should receive a fair trial on all hands. *Tinctura cannabis (Indica)* and the *extractum cannabis purificata* will be prized by physicians; the latter we regard as an experiment in improving the quality of this valuable "exhilarant." It must not be forgotten that syrup of ipecacuanha is doubled in strength in the new edition, and lead water is improved by directing three drachms of the strong solution instead of two as formerly to the pint of water. Of the changes in nomenclature, which should be carefully studied by every physician and pharmacist, perhaps the most important is the naming of Dover's powder *pulvis ipecacuanhae compositus* instead of *pulv. ipecac. et opii*, as formerly.

Another notable modification of nomenclature is in the case of neutral mixture, which as made with lemon juice, is called *mistura potassæ citratis*, though as made by the formula with citric acid and bicarbonate of potassa, it is named *l'quor potassæ citratis*; it is a serious objection to such modifications that they are quite overlooked by most physicians and hence lead to confusion in the compounding of prescriptions.

This article has already been too far extended to give the few new extemporaneous formulæ which the Committee have vouchsafed us. The *pilula aloes et masticæ*, as they do not contain ipecacuanha do not substitute CHAPMAN's dinner pills, but more nearly represent Lady WEBSTER pills. *Plulae antimonii compositeæ* are PLUMMER's pills, a famous remedy of long standing in England. *Spiritus chloroformi* substitutes the "chloric ether," so much resorted to in the composition of anodyne mixtures. *Mistura chloroformi* contains chloroform and camphor combined into an aqueous mixture by the aid of yolk of egg, it will doubtless serve a good purpose.

On the whole, this Pharmacopeia is a great improvement on its predecessors, and worthy to occupy a place in every physician's library, or rather upon his office table.

The Committee have held one hundred and nineteen meetings during the consideration of its details, and of course all its processes have been subjected to repeated experimental tests. That it should be faultless could not be expected, but we think that both the professions, ably represented in the Committee, have cause to thank them for their zeal and industry, and to adopt their conclusions unreservedly.

THE SURGEON-GENERAL'S OFFICE.

Some significant changes have taken place in the Surgeon-General's office during the past week. In the first place an announcement was made to the effect that Surgeon-General HAMMOND had been ordered to proceed immediately to inspect the sanitary condition of the armies and army hospitals in the Southern and Southwestern Military Departments, viz.: at Charleston, Hilton-Head, Key-West, Ship Island, New Orleans, etc. Assistant Surgeon-General JOSEPH R. SMITH was

announced as Acting Surgeon-General in the mean time. In a few days, however, another order sends Assistant Surgeon-General SMITH to St. Louis, and the recently appointed Medical Inspector-General JOSEPH K. BARNES, U. S. A., has been assigned to the performance of the duties of Surgeon-General. What disposition, if any, has been made of Assistant Surgeon-General R. C. WOOD, of the Western Department, head quarters at St. Louis, has not as yet transpired, though we shall not be surprised to hear of his appointment to a more prominent position than the one he has so ably filled at St. Louis.

The Surgeon-General's office seems to have been taking calomel and tartar emetic in *alterative* doses!

Correspondence.

DOMESTIC.

COMPARISON OF THE DEATHS BY CANCER IN THE CITIES OF LONDON AND NEW YORK FOR ELEVEN YEARS.

Cancers, from their incurable character, always demand attention. Few, if indeed any, educated physicians at this day entertain the idea that they can cure this disease, when once fully developed. There are tumors resembling cancers, and partaking, in a limited degree, of their nature. These are often cured, and this gives men of limited knowledge the idea that they can cure this terrible malady; hence the publicity some persons obtain when they cure the semi-malignant diseases, and, for a time, arrest the progress of genuine cancer.

The cause has, as yet, eluded the skill of man. We often attribute it to certain tangible influences, as, for instance, when it is located in the mamme, and the patient dates the origin of the disease from the receipt of a blow, or some other injury to the breast. Again, when it attacks an old smoker upon the precise spot on which the stem of the pipe rests. There may be some justice in regarding these as the exciting causes, but how many millions of persons are exposed to the same, with no such results. The fact, however, that cancers of the breast are sometimes cured when they seem to be the result, in part, of an injury, favors the idea that the blow did produce them, and that they are of a less malignant character than when developed by entirely unknown causes.

The annexed table shows the total deaths by this cause in New York, London, and England, in each year from 1851 to 1863.

YEAR....	1852	1853	1854	1855	1856	1857	1858	1859	1860	1861	1862
New York.....	91	77	102	147	154	127	180	198	190	173	169
London.....	936	1093	1021	1085	1074	1139	1149	1161	1191	1304	1321
England.....	5477	5663	5836	6016	6559	6801	6433	6676	6827	7497	7540

The annual average for ten years, in New York, is 150. The annual average for ten years, in London, is 1,112. The proportion is $7\frac{1}{4}$ in London to 1 in New York.

When it is remembered that London contains about three times the population of New York, the excess of deaths by this disease in the former is more apparent.

Sept., 1863. CYRUS RAMSAY, M. D.
Register Rec'ds and Stat's, New York City.

THE NUTRITION OF THE EXTERNAL TABLE OF THE SKULL.

EDITOR MED. AND SURG. REPORTER:—The following described accident has, it seems to me, such conclusive bearing on a rather mooted question, viz., the source of nutrition to the external table of the skull, that I am induced to write it out for the REPORTER, under the impression that its perusal will prove neither uninteresting or useless.

Master B., a lad some seven years of age, was knocked down and kicked by a horse, the blow taking effect upon the frontal region, tearing up the scalp a distance of four inches, the periosteum being raised with its neighboring layers as cleanly as though it had been done by the hand of the surgeon. Called immediately after the accident, I dressed the wound in the usual manner, approximating the parts and retaining by carefully applied waxed silk sutures, with cold water dressings.

On the seventh day, the sutures, of which there were five, being no longer of service, were removed, union by first intention having been nicely secured.

Two days after this, the boy, being at play in the yard, fell from the top of the fence, striking the imperfectly consolidated wound, disuniting it some two inches. Being recalled to the case, stitches were applied as before. The next day, being in the cellar, the little patient stumbled over a stick of wood, again injuring the parts. The injury from this last accident was so severe as to cause a slough, exposing a portion of the frontal bone quite the size of a dime piece. The angry appearance of surrounding parts contra-indicating further active treatment for the present, mild applications were resorted to, and the parts allowed to heal. This was effected with the exposure of the dime-sized portion of os frontis.

Five weeks of perfect rest was now allowed, the cicatricial tissue becoming very firm and healthy looking, the exposed surface of bone presenting the appearance as if a thin film of blood had dried over it. At the end of this period I loosened up the cicatrix, pared the edges, and by careful manipulation brought the parts together, thus covering the exposed bone, confining them in position with the hare-lip pins and figure of eight suture. The third day these pins sloughed out, and the parts fell back to their original position. The patient was now put upon a

highly stimulating diet, combined with a tonic of iron and quinia.

Strapping with the ordinary adhesive strips was now resorted to, but the weather being very hot and the patient perspiring freely, these had not sufficient tenacity to resist the action of the occipito-frontalis muscle. The next step was to shave the head to the vertex. Two strips of the India-rubber plaster were prepared, the one stretching below the wound across the forehead, the other above across the vertex; some half dozen or more strips of the most adhesive isinglass plaster stayed these transverse strips from a vertical direction. After these had thoroughly dried, stitches were passed from the strip below to the strip above, and by carefully made traction the parts were gotten together. Examination each day showing that the wound tended to gap a little, fresh stitches were daily reapplied, the parts thus being held together. Powerful local stimulation was kept constantly applied to the parts; thus a union was finally secured and the long exposed bone covered.

To-day, September 1st, three months after the accident, I have carefully re-examined the parts; everything presents the most healthy appearance. I am convinced that the bone beneath the cicatrix is as healthy as that of any other part.

QUERY.—Does not this case prove that the external plate is not dependent exclusively upon its periosteum for its nutrition?

J. E. GARRETSON, M. D.

Philadelphia, Sept. 1, 1863.

FORETHOUGHT OF A MEDICAL OFFICER.

The following we copy from the correspondence of the *Boston Med. and Surg. Journal*.

"CUMBERLAND, Md., June 22, 1863.

* * * "This city was abandoned to the enemy by the entire withdrawal of all Government troops, on Monday, 15th inst. I had about four hundred patients in the hospital at the time, but on the following day I succeeded in removing all but eight, who were too sick to be taken from their beds. Most of them hid in the neighboring mountains, where they were perfectly safe from capture or parole, and their wants could be sufficiently attended to. The following morning (17th) the rebels appeared on the hill just back of my office, and threw a few shell into the town. Not meeting with any response, they came in with a flag of truce, and soon after our streets were filled with grey-backs. Their force was not large, and they appeared to be greatly in fear of an attack while here, and hurriedly took themselves off after a few hours' occupation. They commenced writing paroles of the eight sick soldiers in hospital, but in their alarm they fled before the writings were finished, so that, so far as I can learn, I have not had a man captured or paroled.

"They visited my store-house and dispensary, but could find nothing worth taking; I had secreted my stock of quinine, morphine, calomel and *tartar emetic*.

"The case of exection you refer to is doing well,

and I shall be happy to report at a future time. The rebel surgeons got hold of the patient, who was in the streets in citizen's dress at the time. They examined his arm, and questioned him closely as to the nature of the injury, but the fellow concocted a story that wholly misled them.

"No property, public or private, was destroyed in the city by the enemy while here.

"Very truly yours,

"J. B. LEWIS, Surgeon U. S. V.

Army and Navy News.

Changes in the Medical Department.

Acting Surgeon-General JOSEPH R. SMITH has been relieved, and ordered to St. Louis. Medical Inspector-General BARNES has been appointed to fill the vacancy.

The following Assistant Surgeons have been recently appointed Surgeons in the Volunteer corps: WM. WATSON, RICHARD LLOYD, W. GRIMSTED, J. H. CURREY, and NATHAN P. RICE.

Assistant Surgeon F. FLOYD has been ordered to the Department of Tennessee.

Assistant Surgeon B. D. WILSON, U. S. V., has been ordered to the Department of the Gulf.

Assistant Surgeon G. S. COURTWRIGHT, U. S. V., has been ordered to the Department of Ohio.

Assistant Surgeon J. K. RODGERS has been ordered to the Department of the South.

Medical Officers Ordered to Charleston.

In view of the active operations in the Department of the South, the following medical officers have been ordered to repair without delay to Charleston: Assistant Surgeon MARSH, U. S. A.; Assistant Surgeon HILLEY, U. S. A.; Assistant Surgeon MORRISON, U. S. A.; Assistant Surgeon WYNCOOK, U. S. A.

Promoted.

Lieut. J. P. SANGER, First United States Artillery, has been made Acting Assistant Inspector-General under Gen. Gillmore.

Resigned.

Dr. G. W. VARNUM, U. S. V., has tendered his resignation, which has been accepted.

Surgeon Relieved.

Dr. CLYMER, surgeon in charge of the officers who are sick in the city, was relieved by Dr. DEWITT a few days since. Dr. DEWITT's office is at the corner of Nineteenth street and Pennsylvania avenue. Dr. CLYMER is ordered to duty at Hilton Head, South Carolina.

News and Miscellany.

Sudden Death under Peculiar Circumstances.

On the night of the 28th ult., the wife of Dr. J. M. GEMMILL, of Altoona, Pa., died under the following singular circumstances. She had retired at eleven o'clock, in her usual health and in fine spirits. About twelve o'clock a brass band came to serenade the doctor, and about the same time he was called away to see a patient. After the doctor left, Mrs. G. arose and called her niece to hear the music, and then sat

down at the window. When the band had finished playing, Mrs. G. left her seat at the window, and threw herself upon the bed, observing that she was suffering severely, and in a short time expired. The doctor pronounced her disease apoplexy.

Weekly Report of the Army Hospitals.

The reports of the army hospitals for the week ending Saturday, 5th instant, are as follow :

HOSPITALS.

	Return'd to duty.	Discharged.	Died.	Remaining.
Chester.....	7	2	6	1084
South and Twenty-fourth Streets.....	2	..	270	
Summit House.....	3	1	460	
Fort Mifflin.....	7	..	27	
Sixty-fifth and Vine Streets.....	2	1	147	
Broad and Prime Streets.....			62	
Broad and Cherry Streets.....	3	1	634	
Saterlee.....	6	12	2713	
Germantown.....	66		519	
Christian Street.....	8	3	236	
Officers'.....	13		41	
Ialington Lane.....			5	
Harrisburg, Pa.....	4		62	
York, Pa.....	62	2	923	
Chestnut Street, Harrisburg.....	1	1	70	
Cotton Factory, Harrisburg.....	3	2	106	
Convalescent.....		1	321	
Turner's Lane.....	1		240	
Nicetown.....	37	7	730	
Chestnut Hill.....	12	4	11760	

The hospitals east of the Susquehanna river now report at the office of the Medical Director, in this city.

The Sanitary Commission.

On Tuesday, September 1st, Dr. J. A. DOUGLASS, Associate Secretary of the Sanitary Commission, sailed for Charleston harbor from New York, on a tour of observation and inspection. The Sanitary Commission at Morris Island is also represented by Dr. N. M. MARSH, who has labored faithfully and industriously in providing for the wants of the sick and wounded soldiers there.

The Sanitary Commission are still supplying the wounded at Gettysburg with delicacies. The patients are reported to be improving slowly. The good work is in charge of Rev. GORDON WINSLOW, Chaplain of DURYEA's Zouaves (Fifth New York Regiment), who is unremitting in his attentions to the sufferers under his care. It is expected the hospitals at this place will be continued for two or three months longer, owing to many of the more severely wounded cases not being in a condition to be removed.

Petroleum and Health.

A memorial was lately sent to the Liverpool Health Committee, signed by several hundred citizens, and complaining of the storage of petroleum in their neighborhood as "a nuisance and prejudicial to health." The question was referred to Dr. FRENCH, the medical officer of the Board of Health; and, after a very thorough personal examination of the case, he reported that, while he had no hesitation in pronouncing the oil a nuisance on account of its strong offensive smell, his investigation satisfied him that petroleum was not prejudicial to health. In order to make a full investigation, he visited one

hundred and fifty-three houses in the vicinity of the oil stores, and found no cases of sickness arising from the petroleum. His report says :

"The medical officer of health particularly observed the condition of the children and young people—first, as being more sensitive to the effects of noxious vapors; second, as being less likely to be sufferers from either intemperance, or those anxieties of life which give to the countenance the aspect of disease. He never remembers to have seen in any district of the town, so many healthy, ruddy-faced children, or more healthy-looking young people."

An Extraordinary Piece of Charcoal.

Dr. ROWELL, of this city, has shown us a piece of charcoal which he uses to lay gold on to be annealed under the blow-pipe, and which he says he has had for thirty years, and that it has been on fire at least as often as once a day during the whole of that period. It is burned into the form of a shallow trough, but the cavity is not more than an inch in depth; showing that not more than one-thousandth part of an inch has been burned away at each ignition. It is probable that the gases so completely envelope the heated surface that, though this is red hot, no actual burning generally takes place. Dr. ROWELL says that he finds great difference in different pieces of charcoal—some burning out very quickly, and he never had any other piece last nearly as long as this. This piece is of pine.—*Scientific American.*

Cruelty to Animals.

Vivisections by the physiologists in France have of late frequently been made the subject of complaint on account of the cruelty exercised toward animals in their performance. We have no doubt that this method of advancing our knowledge of physiology has been greatly abused abroad, and hope that it will never in this country, as there, be carried to such an extent as to require interference at the hands of the civil authorities. The following, from the *British Medical Journal*, is a sad exemplification of the truth of the remark of a distinguished physiological lecturer to his class :—"Vous savez, messieurs, que les chiens ne s'amusent pas ici!"

The busy bee, *L'Abeille Médicale*, tells us that the office of its editor is situated close to the Ecole Pratique at Paris. "The place is very quiet, and in winter a death-like silence reigns there. But in summer, when the course of physiology is going on at the école, the scene changes. The different rooms, which no longer contain subjects, are now filled with living dogs, which are shut up, probably without bread or water, ready for serving their turn at the lecture-room. At all events, whether through starvation or through instinctive dread of the place, the poor brutes bark and howl night and day, so as to disturb all the neighborhood. We thereupon took the liberty of complaining to the police, and especially because all this howling was close to the ears of the women in the Maternity Hospital. The police were reasonable, and visited the school; and soon returned to inform us that there would be no more barking. 'You will hear no more of it,' the commissary said. 'What! are the dogs no longer to be kept in the dissecting-rooms?' 'Oh, yes! but it appears that they have cut something about the dogs' necks, which stops their crying.' We understand the poor brutes have been subjected to two painful operations (section of the laryngeal nerves) before other tortures are inflicted on them. And this is all they have taken through our interference! If we had known it, we would have quitted the place, instead of becoming the cause of this refinement of cruelty!"

The Air-Bladder of Fishes.

The use of the air-bladder of fishes still puzzles the savant. M. MOREAU has just informed his Academy that, according to his experiments, it must be considered as an oxygen reservoir, filled for the sustenance of the life of the fish. Perch, when put in a situation in which they were unable to renew the oxygen of the air-bladder, were asphyxiated. The quantity of oxygen in that air-bladder diminished proportionably with the duration of the experiment; and when it arrived at zero, the fish died.

Surgery and Silver.

In a recent issue of the *South Carolinian* we find the following advertisement: *Silver Plate Wanted.*—To be converted into caustic for the use of the sick of the army. \$8 per ounce will be paid for all prime plate. Old spoons and old plate will answer the purposes of the medical department as well as new. Apply at Medical Purveyor's office, opposite Congaree House.

J. J. CHISOLM,
Surg. and Med. Pur., C. S. A.

ANSWERS TO CORRESPONDENTS.

Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and State from whence their letters are sent.

Dr. J. P., Md.—The Dispensatory is a *commentary on the Pharmacopoeia*. The latter merely gives the official names of such medicinal substances and preparations as are recognized by the proper authority in this country, with the mode of preparing the latter, and a brief account, in some instances, of their physical properties. The Dispensatory includes nearly or quite all the matter of the *Pharmacopoeia*.

There is no present prospect of a new edition of the Dispensatory being published, though one is much needed.

OBITUARY.

DEATH OF DR. J. MOORE NELIGAN.—The medical profession in Ireland has sustained a blow not easily remediable in the unexpected death of Dr. NELIGAN, at his residence, Clonmel House, near Blackrock. Although Dr. NELIGAN had been suffering for some time from affection of the kidney, and had found it necessary in consequence to exchange a residence in town for the country, still no apprehension of immediate danger was entertained till a few days before his death, and he had been enabled within a week to fulfil his professional duties. On Thursday last he was so much worse that little hopes were entertained of his recovery, and on Friday evening, July 21st, he expired from, as we understand, uremic poisoning, the result of the chronic malady of which he was the subject. Dr. NELIGAN's name will be best remembered by our readers in connexion with the *Dublin Quarterly Journal*, of which he was for many years the Editor, and the character of which was never higher than when conducted by him. To the public he was known as the author of works on "Medicines," and on "Skin Diseases," and as the Editor of "Grave's Clinical Medicine"—labors sufficient of themselves to perpetuate his name as an assiduous and energetic physician. His connection with the King and Queen's College of Physicians, for the Presidency of which he was a candidate last year, was long "in years and honors," and his loss will be deeply felt by the many whose friendship his professional and private worth had secured to him.—*Dublin Med. Press.*, July 29.

MARRIED.

WASHBURN—RUSS.—On Tuesday, Sept. 1, at the residence of the bride's mother, by Rev. Charles C. Wallace, Dr. S. D. Washburn, House Physician to Seamen's Retreat, Staten Island, and Elizabeth Crowell Russ, of Perth Amboy, N. J.

DIED.

LYNES.—In Norwalk, Conn., on Thursday, Aug. 27, Susan St. John, infant daughter of Dr. Samuel and Emily A. Lynes, aged 7 months.

ROHRER.—On the 29th ult., after a short but severe illness, Dr. John S. Rohrer, of this city.

METEOROLOGY.

	August.	24,	25,	26,	27,	28,	29,	30.
Wind.....	S.	S. W.	N. E.	E.	E.	S. E.	S. E.	
Weather....	Clear.	Rain.	Clear.	Cl'dy.	Cl'dy.	Clear.	Clear.	
Depth Rain....	7-10				1-10	4-10		
Thermometer								
Minimum.....	71°	71°	59°	51°	56°	58°	48°	
At 8 A. M.	82	80	65	60	62	70	58	
At 12 M.	86	85	70	70	70	72	65	
At 3 P. M.	87	88	72	71	71	78	64	
Mean.....	81.5	81	66.2	63	64.7	69.5	58.7	
Barometer.								
At 12 M.	30.1	30.1	30	30.2	30	29.9	30.3	

Germantown, Pa.

B. J. LEEDOM.

VITAL STATISTICS.

	Philadelphia. Week ending Aug. 29.	New York. Week ending Aug. 31.	Baltimore. Week ending Aug. 31.	Boston. Week ending Aug. 29.	Providence. Month of July.
Popl'n. (estimated.)	580,000	850,000	240,000	180,000	52,000
<i>Mortality.</i>					
Male	183	310	65	68	43
Female	187	313	60	66	46
Adults	127	238	36	45	48
Under 15 years.....	237	377	85	79	35
Under 2 years.....	192	308	64	76*	21
Total.....	370	623	125	134	89
Deaths in 100,000....	63.79	65.58	52.08	7444	171.15
American.....	304	422	...	104	41
Foreign.....	52	211	...	30	48
Negro	12	11	16	4	6
<i>ZYMOTIC DISEASES.</i>					
Cholera, Asiatic.....	...	...	...	...	...
Cholera Infantum	73	136	31	35	12
Cholera Morbus	1	2	1	3	...
Croup	6	5	3	3	...
Diarrhoea.....	8	37	...	9	3
Diphtheria.....	7	10	...	...	...
Dysentery.....	7	16	1	6	6
Erysipelas.....	...	...	...	...	...
Fever, Intermittent.....	1	1	...	...	...
Fever, Remittent.....	...	1	...	...	...
Fever, Scarlet.....	2	7	2	2	2
Fever, Typhoid.....	6	10	3	1	2
Fever, Typhus.....	2	8	...	1	...
Fever, Yellow.....	...	...	...	2	...
Hooping-cough.....	3	4	4	...	...
Measles.....	1	2	...	...	...
Small Pox.....	1	...	5	...	...
Syphilis.....	3	1	...	1	...
Thrush.....	...	...	1	...	1
<i>SPORADIC DISEASES</i>					
Albuminuria.....	...	12	...	...	...
Apoplexy.....	1	5	1	1	...
Consumption.....	31	69	15	21	15
Convulsions.....	23	36	...	1	...
Dropsy	1 ^b	21	2	6	...
Gun-shot Wounds.....	3	1	...	...	...
Intemperance.....	5	4	...	...	4
Marasmus.....	19	52	...	2	...
Pleurisy .....	...	4	...	1	...
Pneumonia.....	4	19	...	2	1
Puerperal Fever.....	1	...	...	...	1
Scrofula.....	2	...	1	...	...
Sun Stroke.....	2	4	1	...	...
Violence and Acc'ts	6	24	1	5	1

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them and for postage, as many of the numbers are growing scarce, and we have to prepay the postage, two cents a number.